

**PART 3: Authorization to Operate (ATO)**

*Except for date received, the Section below is to be completed by the Owner.*

LHD USE ONLY: Initial submittal of request for ATO received: <u>8-22-22</u> by <u>MAO</u> Date Initials
Date of Post-construction Conference: _____

The following items are included in this submittal for an Authorization to Operate under an LSS COVID-19 permit:

- Signed and sealed copy of the LSS's report that includes:
  - Signed and sealed evaluation of soil conditions and site features on file  Yes  No
  - Drawings, specifications, plans  Yes  No
  - Reports on special inspections and final inspection  Yes  No
  - Management Program manual  Yes  No
  - On-site Wastewater Contractor's signed statement  Yes  No
- Fee (as applicable)  Yes  No
- Notarized letter documenting Owner's acceptance of the system from the LSS  Yes  No
- On-site Wastewater Contractor name: Elvis Faircloth License number: 2704  
 Mailing address: 5104 Cool Springs Rd City: Broadway State: NC Zip: 27505  
 Telephone number: 919-499-8190 E-mail Address: elvis.faircloth@yahoo.com
- Proof of Errors and Omissions or other appropriate liability insurance for the On-site Wastewater Contractor is attached and includes the name of the insurer, name of the insured, and the effective dates of coverage.  
 Yes  No

**Attestation by the Owner for Authorization to Operate**

I, Lanco Custom Builders, LLC hereby attest that all items indicated above have been provided to the Harnett County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules and ordinances.

 \_\_\_\_\_ 8/22/22  
 Signature of Owner Date

*This section for LHD Use Only.*

**LHD Review of required information for the ATO**

INCOMPLETE

Based upon review of information submitted by the Owner in the Section above, the following items are missing from the information required for an Authorization to Operate for an LSS COVID-19 permit: \_\_\_\_\_

Copies of this signed form were sent to the LSS and the Owner on \_\_\_\_\_ via \_\_\_\_\_  
Date Email, FAX, USPS, Hand-delivered

\_\_\_\_\_  
 Print name of authorized Agent of the LHD Signature of authorized Agent of the LHD Date

COMPLETE

Based upon review of information submitted by the Owner in the Section above, this Authorization to Operate is hereby issued in accordance with G.S. 130A-336.2(m).

A copy of this complete NOI/ATO with tracking information was sent to the State on 8-23-22 via Email.  
 \_\_\_\_\_  
 Print name of authorized Agent of the LHD Signature of authorized Agent of the LHD Date

**ISSUANCE OF CERTIFICATE OF OCCUPANCY:** Once the LHD determines completeness based upon the ATO submission, the owner may apply to the local permitting agency for permanent electrical service to a residence, place of business or place of public assembly pursuant to G.S. 130A-339.



# Lamco Custom Builders, LLC

8/22/2022

To whom it may concern,

We, Lamco Custom Builders, LLC are the owners of A26, 805 Ponderosa Trail, Cameron NC are excepting the septic system designed by Thomas J. Boyce, NCLSS 1241, NC AOWE 10006. Installed by Elvis Faircloth Grading Inc. that included, HPPP 1000 STB 760 septic tank, Polylok PL-68 filters, 112.5+' Infiltrator Quick 4 chambers.

Tony Toro, CEO

Lamco Custom Builders, LLC

I, Kimberly A Perez, a Notary Public of Wake County, certify that Tony Toro, personally appeared before me this day, and acknowledged the due execution of the foregoing instrument. Witness by my hand and official seal, this 22 day of Aug, 2022.

My Commission Expires 9/24/2023

KIMBERLY A PEREZ  
NOTARY PUBLIC  
WAKE COUNTY, NC





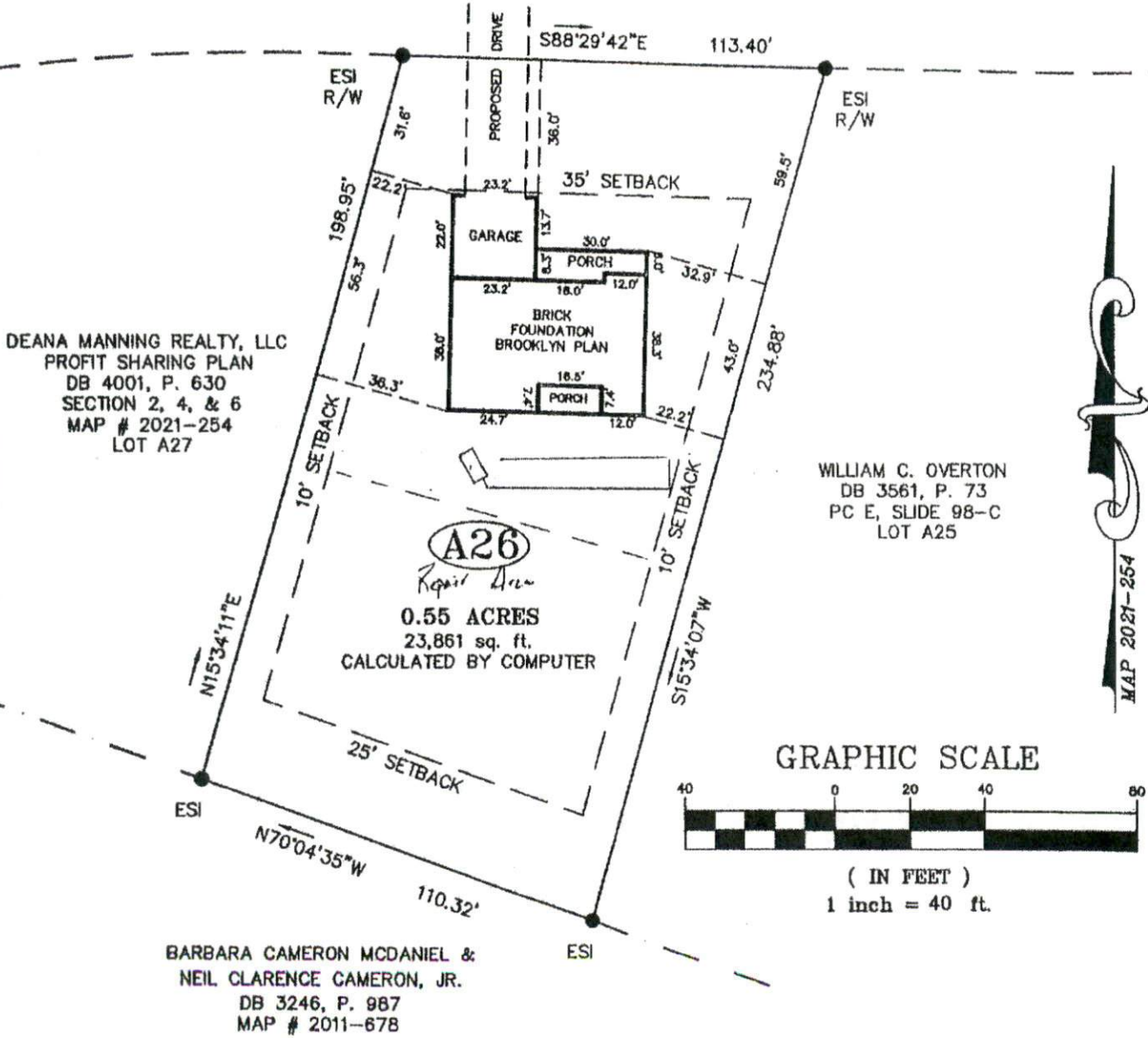
AG. CAL BY COMPUTER  
 WATER.....PUBLIC  
 SEWER.....SEPTIC TANK  
 MIN. BUILDING SETBACK LINES  
 35' FRONT  
 25' REAR  
 10' SIDE

LEGEND  
 CL - CENTERLINE  
 ECM - EXISTING CONCRETE MONUMENT  
 EIP - EXISTING IRON PIPE  
 ERRS - EXISTING RAILROAD SPIKE  
 ESI - EXISTING SOLID IRON  
 SIS - SOLID IRON SET  
 SRRS - SET RAILROAD SPIKE  
 T.D. TOTAL DISTANCE  
 PB - POWER BOX

← TO FERN RIDGE DRIVE

**PONDEROSA TRAIL**  
 SR 1323 PUBLIC STREET 60'R/W

160'+/-  
 TO AUTUMN LANE →



DEANA MANNING REALTY, LLC  
 PROFIT SHARING PLAN  
 DB 4001, P. 630  
 SECTION 2, 4, & 6  
 MAP # 2021-254  
 LOT A27

WILLIAM C. OVERTON  
 DB 3561, P. 73  
 PC E, SLIDE 98-C  
 LOT A25

BARBARA CAMERON MCDANIEL &  
 NEIL CLARENCE CAMERON, JR.  
 DB 3246, P. 987  
 MAP # 2011-678

NOTE:  
 THIS IS A PHYSICAL SURVEY ONLY:  
 DOES NOT MEET GS47-30, NOT FOR RECORDATION.

NOTE:  
 THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS.

PHYSICAL ADDRESS:  
 805 PONDEROSA TRAIL  
 CAMERON, NC 28326

REFERENCE:  
 LAMCO CUSTOM BUILDERS, LLC

OWNER:



ELVIFA0

OP ID: LKC

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/19/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER INSURANCE SERV CTR -APEX APEX BRANCH 1111 PEMBERTON HILL RD APEX, NC 27502-3958 JOHN M. MULCAHY	919-387-0560	CONTACT NAME: <b>CARRIE SAYERS</b> PHONE (A/C, No, Ext): <b>919-387-0560</b> FAX (A/C, No): <b>919-387-0570</b> E-MAIL ADDRESS: <b>CSAYERS@iscfay.com</b>
INSURED <b>ELVIS FAIRCLOTH GRADING, INC.</b> 5104 COOL SPRINGS ROAD BROADWAY, NC 27505		INSURER(S) AFFORDING COVERAGE INSURER A: <b>AUTO-OWNERS</b> NAIC # <b>18988</b> INSURER B: <b>STATE AUTO INSURANCE</b> <b>25127</b> INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INBR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			35215542	09/02/2021	09/02/2022	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			10092155CA	09/02/2021	09/02/2022	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

### CERTIFICATE HOLDER

LAMCOHO

LAMCO HOMES  
7424 CHAPEL HILL RD STE 203  
RALEIGH, NC 27607

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Lisa Campbell*